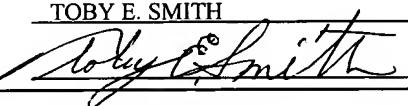
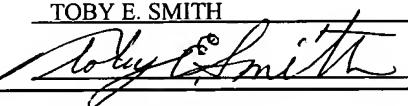
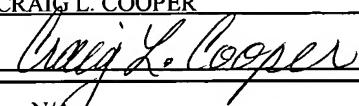
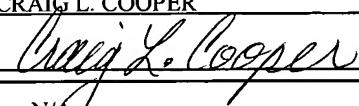


**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	SENSOR AND METHOD FOR DETECTING A PATIENT'S MOVEMENT VIA POSITION AND OCCLUSION
As the below named inventor(s), I/we declare that:	
This declaration is directed to:	
<input checked="" type="checkbox"/> The attached application, or <input type="checkbox"/> Application No. _____, filed on _____, <input type="checkbox"/> as amended on _____ (if applicable);	
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;	
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;	
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.	
All statements made herein of my own/knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.	

FULL NAME OF INVENTOR(S)	
Inventor one:	TOBY E. SMITH 
Signature:	
Citizen of:	United States
Inventor two:	CRAIG L. COOPER 
Signature:	
Citizen of:	United States
Inventor three:	N/A 
Signature:	
Citizen of:	United States

Additional inventors are being named on _____ additional form(s) attached hereto.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application No.: Filing Date: First Named Inventor: Toby E. Smith Title: Sensor and Method for Detecting a Patient's Movement Via Position and Occlusion Attorney Dkt. No.: 57609/04-013
--	---

I hereby appoint:

Practitioners at Customer Number 22206 → Place Customer Number
 Bar Code Label Here _____

OR

___ Practitioner(s) named below:

Name	Registration No.

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

___ Practitioners at Customer Number _____ → Place Customer Number Bar Code
 Label here _____

OR

___ Firm or
 Individual Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Telephone _____ Fax _____

I am the:

Applicant/inventor

____ Assignee of Record of the entire interest. See 37 CFR 3.71

____ Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB96).

SIGNATURE of Applicant or Assignee of Record

Name: CRAIG L. COOPER

Signature: *Craig L. Cooper*

Date: *2/11/04*

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

Total of 2 form(s) is/are submitted.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application No.: Filing Date: First Named Inventor: Toby E. Smith Title: Sensor and Method for Detecting a Patient's Movement Via Position and Occlusion Attorney Dkt. No.: 57609/04-013
--	---

I hereby appoint:

Practitioners at Customer Number 22206 → Place Customer Number
Bar Code Label Here _____

OR

_____ Practitioner(s) named below:

Name	Registration No.

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

_____ The above-mentioned Customer Number.

OR

_____ Practitioners at Customer Number _____ → Place Customer Number Bar Code
Label here _____

OR

_____ Firm or
Individual Name _____

Address _____

City _____ State _____ Zip _____

Country _____

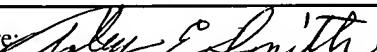
Telephone _____ Fax _____

I am the:

- Applicant/inventor
 Assignee of Record of the entire interest. See 37 CFR 3.71
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB96).

SIGNATURE of Applicant or Assignee of Record

Name: TOBY E. SMITH

Signature: 

Date: 2/11/04

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

Total of 2 form(s) is/are submitted.